

## GTI<sup>®</sup> Credit Application

| Sales Information  |                             |  |                            |
|--|-----------------------------|--|----------------------------|
| Agent Name   | Agent Code                  | Address  |                            |
| Applicant Information  |                             |  |                            |
| Complete Company Name (If incorporated, name shown on corporate charter)   |                             | Taxpayer ID (Req)                              | Date Bus Started           |
| Main Business Phone Number   | Type of Business (Required) | State of Incorp                                | Date of Incorp             |
| Street Address — Line 1  |                             |  |                            |
| Street Address — Line 2  |                             | City   | State<br>Zip + 4           |
| Billing Address — Line 1   |                             |  |                            |
| Billing Address — Line 2   |                             | City   | State<br>Zip + 4           |
| Parent or Subsidiary Information   |                             |  |                            |
| Check One<br><input type="checkbox"/> Parent <input type="checkbox"/> Subsidiary   |                             | Name of Business                               | State of Incorp<br>% Owned |
| Principal, Partner, and Major-Shareholder Information <i>List the complete names of all principals, partners, and major shareholders.</i>  |                             |  |                            |
| Check One<br><br><input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership<br><br><input type="checkbox"/> LLC <input type="checkbox"/> LLP<br><br><input type="checkbox"/> Private Corporation <input type="checkbox"/> Public Corporation<br>Stock Symbol:   | Name of Owner               |  | Social Security Number     |
|  | Name of Partner 1           |  | Social Security Number     |
|  | Name of Partner 2           |  | Social Security Number     |
|  | Name of Officer 1           |  | Title                      |
|  | Name of Officer 2           |  | Title                      |
| References   |                             |  |                            |
| Name of Bank   |                             | Phone  | Fax                        |
| Lending Officer  |                             | Account Number                                 |                            |
| Previous or Existing Local-Service Provider  |                             | Previous or Existing Long-Distance Provider    |                            |
| General Trade References <i>List businesses with which the Applicant has traded within the last 12 months.</i>   |                             |  |                            |
|  | Company                     | Name of Contact                                | Phone<br>Fax               |
| 1  |                             |  |                            |
| 2  |                             |  |                            |
| 3  |                             |  |                            |
| Usage, Credit, and Signatures  |                             |  |                            |
| <b>Authorization of Credit Investigation:</b> Applicant authorizes GTI to investigate his credit and understands that GTI may also utilize other sources of credit deemed necessary. Such information will be held in strict confidence. Applicant agrees to indemnify and hold GTI and any other persons harmless from all liability, damage, or expenses arising from or relating to any and all credit investigations by GTI. Applicant has read and agrees to the Terms and Conditions attached to this Application. |                             |  |                            |
| <b>Estimated Monthly Usage</b>   |                             | Requested Credit Limit                         |                            |
| Name of Authorized Officer, Owner, or Partner  |                             | Title of Authorized Officer, Owner, or Partner | App-Tracking ID            |
| Signature of Authorized Officer, Owner, or Partner   |                             | Date   |                            |
| Continuing Guarantee of Service <i>Complete only when Guaranty is required by GTI.</i>   |                             |  |                            |
| I personally guarantee payment of account to GTI & Associates, Inc., executed effective the date below.  |                             |  |                            |
| Name   |                             | Social Security Number                         |                            |
| Home Address   |                             | City   | State<br>Zip + 4           |
| Signature  |                             | Date   |                            |